

#### **KNOW YOUR CUSTOMER (KYC) – BUSINESS CLIENT**

### Due Diligence to be applied to Existing Customers (Financial Obligations Regulations S. 37)

# **Explanatory Notes:**

- 1. The purpose of this checklist is to ensure that the identity of our clients and their source of funds are properly verified in order to achieve compliance with the Financial Obligations Regulations 2010. This checklist must be completed and submitted as part of our Due Diligence to be applied to existing clients in conformity with Anti-Money Laundering Laws and Regulations.
- 2. Name and address of the application mentioned on the KYC form, should match with the documentary proof submitted.
- 3. Copies of all the documents submitted by the applicant should be attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities or persons authorised to attest such documents.
- 4. For non-residents and foreign nationals, copies of passport or other acceptable forms of ID and overseas address are mandatory.
- 5. In order to comply with the Foreign Account Tax Compliance Act (FATCA), a United States based legislation; Agostini Insurance Brokers Ltd is required to obtain identity information on its clients to determine if they are U.S. persons.

# Please Complete This Form In Block Letters.

ent Ref #:				
. COMPANY/ORGANIZ	ZATION IDENTITY DETAIL	LS		
Full Name of Company:				
Nature of Business:				
Trading Address:				
Mailing Address:				
	Vork 1: ( )			
Email Address: (1)	voik. 5 ( )	(2)	rdx. ( )	
Please Provide Details:	n Financial Institution (FFI)		·	IIN Number :
Certificate of Incorporation	1	opies of the Originals must be	,	VAT Clearance (If VAT registered)
Continuance of Incorporation	on 🔲	Formation/Registration  Ole Trader  Company		
	NCIPALS/ EXECUTIVE MA	NAGEMENT OR SHAREHOLI	Annual Income : \$ DERS' HOLDINGS >10% PA	
Name and residentia address	l Capacity	DP#/ID#/PP# (attach copy)	Expiry Date dd/mm/yy	Country of Issue

#### D. POLITICALLY EXPOSED PERSONS (PEP) Please tick if any of your Directors/ Principals/ Executive Management fall into any of these categories: Are you an INDIVIDUAL or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of; Senior government, Judicial or Military Officials Senior executives of State-owned corporations Important political party officials If yes, please provide details: APPLICABLE TO PERSONS IDENITFIED IN (C) ABOVE (Please attach certified copies of documents / references as required) Name and Address of Foreign Financial Institution: Telephone No. of Foreign Financial Institution: ( Notarised Passport: Driver's Permit: Identification: Other: AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA REGULATIONS) Do any of the following apply to the Identified Persons **Documentation Required US Indicia Documents Attached** US Citizens of lawful permanent resident W-9 or W-8BEN Yes □ No □ W-9 or W-8BEN Non-US passport or similar documentation **US Birthplace** Yes No □ establishing foreign citizenship Written explanation regarding US citizenship W-9 or W-8BEN Non-US passport or similar documentation US Address (residence and mailing) Yes No □ establishing foreign citizenship Instruction to transfer funds to US accounts or directions regularly W-9 or W-8BEN received from a US address Yes No 🗌 Documentary evidence establishing non-US status Only address on file is "in care of" or "hold mail" or US PO Box W-9 or W-8BEN (Notice of 2001-34 excludes foreign PO Box as US Indicia) Documentary evidence establishing non-US Yes No 🗌 status W-9 or W-8BEN Power of Attorney or signatory authority granted to person with Documentary evidence establishing non-US Yes $\square$ No 🗌 **US** address **DECLARATION BY CLIENT** I hereby declare that all of the information above is true, accurate and complete and Agostini Insurance Brokers Ltd is entitled to rely fully on such information and representation as may be required by law, unless the Organization receives notice in writing of any change thereafter. Name of Client Signature of Client dd/mm/yy If completed by intermediary on behalf of client: original authorization is required from client on appointment of intermediary Seal/Stamp of the Intermediary (if Name of Intermediary (if applicable) Signature of Intermediary dd/mm/yy applicable) ID Details of Intermediary: ID DP PP (Copy required) FOR OFFICE USE ONLY Originals Verified **Certified Document copies received** Reviewed by: Supervisor dd/mm/yy Manager dd/mm/yy Compliance Officer dd/mm/yy